

# **QUARTERLY STATEMENT**

AS OF JUNE 30, 2008
OF THE CONDITION AND AFFAIRS OF THE

**Great Lakes Health Plan, Inc.** 

NAIC Group Code	(Current Period)	0707 (Prior Period)	NAIC Company Code _	95467	Employer's II	Number	38-3204052
Organized under the	,	Michigan	, Sta	te of Domicile o	or Port of Entry	Mic	higan
Country of Domicile	·	iviidingan		ed States			-iiguii
•		0.1114- [ ]			I it - I - M ii I - 0	D	
Licensed as business	s type: Life, Accident		Property/Casualty [	•			e or Indemnity [ ]
		Corporation [ ]	Vision Service Corp		Health Maintenanc	e Organization	[X]
	Other [ ]		Is HMO, Federally C	Qualified? Yes [	] No [ X ]		
ncorporated/Organiz	red 01	/11/1994	Commenced Busin	ness _		10/11/1994	
Statutory Home Offic	e17	7117 W. Nine Mile R			Southfi	ield, MI 48075	
		(Street and Nur	/			ate and Zip Code)	
Main Administrative (	Office 17117 W	<ol> <li>Nine Mile Rd, Suit</li> </ol>	e 1600	Southfield,			48-559-5656
	4-44-144	(Street and Number)		(City or Town, Sta	ate and Zip Code)	,	le) (Telephone Number)
Mail Address		ine Mile Rd., Suite 1 and Number or P.O. Box)	600 ,		Southfield, (City or Town, Stat		
Primary Location of E			lile Rd, Suite 1600	South	field, MI 48075		03-459-7424
Filliary Location of E	DOOKS and Records		nd Number)		tate and Zip Code)		le) (Telephone Number)
Internet Website Add	Iress	(Olicel al	,	vw.glhp.com	ato and zip oode)	(/1100 000	o, (Totophone Number)
		Dobort N. D-II-		www.girip.com	200 4	<u></u>	
Statutory Statement (	Contact	Robert N. Della (Name)	Corte	=	(Area Code) (Teleph	59-7424	sion)
ı	robert n dellacorte@				(Alca Gode) (Telepii	JIIO INGINIDEI) (LAIRIIS	31011)
<u> </u>	(E-Mail Address)		<del></del> , <u></u>		(Fax Number)		
			OFFICERS		•		
Name		Title	OFFICERO	Name		т	Title Title
Chris A. Sc						0	
		President		Eric Wexle	er,	Sec	cretary
Robert W. Ob	errender ,	Treasurer			,		
			OTHER OFFICE	ERS			
			· · · · · · · · · · · · · · · · · · ·			VP Governm	ent and Public
Lisa Ann (	Grav .	VP Customer Re	lations	Dawn Koeh	ler .		ations
		DIRF	CTORS OR TR	USTEES			
Rodney C. Arms	stead M D	Chris A. Sche		John J. Kael	lin	William F	E. Ralston
Laura A. S		01111071. 00110		00111101114001		***************************************	
Ladia 71. O	pioci						
04-46							
County of							
The officers of this ren	orting ontity boing duly	sworn each denoce ar	nd say that they are the des	scribed officers of	eaid reporting entity	and that on the	reporting period state
			f the said reporting entity, from				
this statement, together	r with related exhibits, so	hedules and explanation	ons therein contained, annex	ced or referred to,	is a full and true stat	ement of all the a	ssets and liabilities an
			ing period stated above, an				
			and Accounting Practices a				
			ed to accounting practices a ed officers also includes the				
			the enclosed statement. The				
to the enclosed stateme	•	c to cicotroriic illing) or	the cholosed statement. The	c ciccironic illing i	may be requested by	various regulators	, in fica of of in additio
Chri	is A. Scherer		Eric Wexler		F	Robert W. Oberi	render
	President		Secretary		•	Treasurer	
·			,				
				a. I	s this an original fi	ling?	Yes [ X ] No [
Subscribed and s	worn to before me thi	is		b. I	f no.		
	day of	,			. State the amend	ment number	
	_ •				2. Date filed		
					Number of page	o attached	

# **ASSETS**

			Current Statement Date	!	4
		1	2	3	·
		A	No. of all the dealers	Net Admitted Assets	December 31 Prior Year Net
		Assets	Nonadmitted Assets	(Cols. 1 - 2)	Admitted Assets
	Bonds	37,810,967		37 ,810 ,967	44,031,294
2.	Stocks:				
	2.1 Preferred stocks			0	0
	2.2 Common stocks			0	0
3.	Mortgage loans on real estate:				
	3.1 First liens				0
	3.2 Other than first liens			0	0
4.	Real estate:				
	4.1 Properties occupied by the company (less				
	\$ encumbrances)			0	0
	4.2 Properties held for the production of income				
	(less \$ encumbrances)			0	0
	4.3 Properties held for sale (less				
	\$encumbrances)			0	0
5.	Cash (\$(5,370,553) ),			•	
0.	cash equivalents (\$				
	,	E2 004 002		E2 004 002	26 270 000
^	and short-term investments (\$				
	Contract loans, (including \$premium notes)			0	0
	Other invested assets		0	0	J0
	Receivables for securities			0	0
	Aggregate write-ins for invested assets			0	0
	Subtotals, cash and invested assets (Lines 1 to 9)	90,835,930	0	90,835,930	80,404,120
11.	Title plants less \$				
	<i>37</i>				
12.	Investment income due and accrued	489,956		489,956	506,266
13.	Premiums and considerations:				
	13.1 Uncollected premiums and agents' balances in the course of				
	collection			0	0
	13.2 Deferred premiums, agents' balances and installments booked but				
	deferred and not yet due (including \$earned				
	but unbilled premiums)			0	0
	13.3 Accrued retrospective premiums			0	0
14.	Reinsurance:				
	14.1 Amounts recoverable from reinsurers			0	0
	14.2 Funds held by or deposited with reinsured companies			0	0
	14.3 Other amounts receivable under reinsurance contracts				0
15.	Amounts receivable relating to uninsured plans			0	0
	Current federal and foreign income tax recoverable and interest thereon				0
	Net deferred tax asset				421,474
	Guaranty funds receivable or on deposit				0
	Electronic data processing equipment and software			0	0
	Furniture and equipment, including health care delivery assets				
	(\$)	50.307	50.307	0	0
20.	Net adjustment in assets and liabilities due to foreign exchange rates				0
	Receivables from parent, subsidiaries and affiliates			n	0
	Health care (\$1,651,480 ) and other amounts receivable			1.651 480	3.369.634
	Aggregate write-ins for other than invested assets			0	0
	Total assets excluding Separate Accounts, Segregated Accounts and		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
۷٦.	Protected Cell Accounts (Lines 10 to 23)	102,650,045	9,251,205	93,398,840	84,701,494
25	From Separate Accounts, Segregated Accounts and Protected	102,000,040	5,201,200	00,000,040	07,701,734
۷۵.	Cell Accounts			^	0
26		102,650,045	9,251,205	93,398,840	84,701,494
۷٠.	Total (Lines 24 and 25)  DETAILS OF WRITE-INS	102,000,040	3,231,203	30,030,040	04,701,494
0001					
			^	^	^
	Summary of remaining write-ins for Line 9 from overflow page		0	0	0
	Totals (Lines 0901 through 0903 plus 0998)(Line 9 above)	0	0	0	0
	Intangible Asset		6,939,524	0	0
	Summary of remaining write-ins for Line 23 from overflow page			0	0
2399.	Totals (Lines 2301 through 2303 plus 2398)(Line 23 above)	6,939,524	6,939,524	0	0

# LIABILITIES, CAPITAL AND SURPLUS

	,		Current Period		Prior Year
		1 Covered	2 Uncovered	3 Total	4 Total
1.	Claims unpaid (less \$ reinsurance ceded)	42,073,277		42,073,277	38,672,401
2.	Accrued medical incentive pool and bonus amounts				0
3.	Unpaid claims adjustment expenses	905,123			895,247
4.	Aggregate health policy reserves				0
5.	Aggregate life policy reserves				0
6.	Property/casualty unearned premium reserve			0	0
7.	Aggregate health claim reserves			0	0
8.	Premiums received in advance			0	0
9.	General expenses due or accrued	3,947,021		3,947,021	1,354,931
10.1	Current federal and foreign income tax payable and interest thereon (including				
	\$ on realized gains (losses))	259,849		259,849	887 ,876
	Net deferred tax liability				0
	Ceded reinsurance premiums payable				0
12.	Amounts withheld or retained for the account of others				0
13.	Remittances and items not allocated			0	0
14.	Borrowed money (including \$current) and				
	interest thereon \$(including				•
45	\$ current)				258 802
	Amounts due to parent, subsidiaries and affiliates				
16.				0	0
17.	Funds held under reinsurance treaties with (\$unauthorized				
	reinsurers)unautnonzed			0	0
18.	Reinsurance in unauthorized companies			0	0
19.	Net adjustments in assets and liabilities due to foreign exchange rates				
20.	Liability for amounts held under uninsured plans				0
	Aggregate write-ins for other liabilities (including \$				
	current)	587 , 254	0	587 , 254	653,921
22.	Total liabilities (Lines 1 to 21)	47 ,774 ,403	0	47 ,774 ,403	42,723,268
23.	Aggregate write-ins for special surplus funds				
24.	Common capital stock				
25.	Preferred capital stock	xxx	XXX		0
26.	Gross paid in and contributed surplus	xxx	XXX	22,003,392	35,763,489
27.	Surplus notes	xxx	xxx		0
28.	Aggregate write-ins for other than special surplus funds				
29.	Unassigned funds (surplus)	XXX	XXX	23,621,045	6,214,737
30.	Less treasury stock, at cost:				
	30.1shares common (value included in Line 24)				
	\$)	XXX	XXX		0
	30.2shares preferred (value included in Line 25)				
	\$)				
	Total capital and surplus (Lines 23 to 29 minus Line 30)				
32.	Total liabilities, capital and surplus (Lines 22 and 31)	XXX	XXX	93,398,840	84,701,494
040:	DETAILS OF WRITE-INS	404 744		404 744	400 040
	Escheat Funds			,	162,643
	QAAP Tax			,	491,278
	State Income Tax	· · · · · · · · · · · · · · · · · · ·		,	0
2198.	Summary of remaining write-ins for Line 21 from overflow page	587,254	0	0 587,254	653,921
2199. 2301.	Totals (Lines 2101 thru 2103 plus 2198) (Line 21 above)				-
2301.					
2302.					
2398.	Summary of remaining write-ins for Line 23 from overflow page				
2390.		XXX		0	
	Totals (Lines 2501 titru 2505 pius 2596) (Line 25 above)			-	0
2802.					
2803.					
					0
					0
2898.	Summary of remaining write-ins for Line 28 from overflow page  Totals (Lines 2801 thru 2803 plus 2898) (Line 28 above)				

# **STATEMENT OF REVENUE AND EXPENSES**

	STATEMENT OF REVENUE	Current Year To Date		Prior Year To Date	Prior Year Ended December 31
		1 Uncovered	2 Total	3 Total	4 Total
1.	Member Months	xxx	992,306	903,057	1,852,913
2.	Net premium income (including \$ non-health premium income)	XXX	257,368,924	207 ,731 ,075	440,431,912
3.	Change in unearned premium reserves and reserve for rate credits	xxx		0	0
4.	Fee-for-service (net of \$medical expenses)	xxx		0	0
5.	Risk revenue	xxx		0	0
6.	Aggregate write-ins for other health care related revenues				
7.	Aggregate write-ins for other non-health revenues				
8.	Total revenues (Lines 2 to 7)	XXX	243,202,248	195,571,301	413,965,012
	Hospital and Medical:		.=		
9.	Hospital/medical benefits				
10.	Other professional services				
11.	Outside referrals				
12.	Emergency room and out-of-area				
13.	Prescription drugs				
14.	Aggregate write-ins for other hospital and medical				
15.	Incentive pool, withhold adjustments and bonus amounts				
16.	Subtotal (Lines 9 to 15)	0	217,529,879	176,351,349	367,725,656
17	Less:  Net reinsurance recoveries		443 773	0	444 527
18.	Total hospital and medical (Lines 16 minus 17)				
19.	Non-health claims (net)				
20.	Claims adjustment expenses, including \$ 2,560,265cost containment expenses				
21.	General administrative expenses				
22.	Increase in reserves for life and accident and health contracts including		21,000,110		
	\$increase in reserves for life only)			0	0
23.	Total underwriting deductions (Lines 18 through 22)				
24.	Net underwriting gain or (loss) (Lines 8 minus 23)				
25.	Net investment income earned				
26.	Net realized capital gains (losses) less capital gains tax of \$				
	Net investment gains (losses) (Lines 25 plus 26)				
	Net gain or (loss) from agents' or premium balances charged off [(amount recovered				
	\$) (amount charged off \$			0	0
29.		0	0	0	0
	Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29)	XXX	3,582,365	242,586	8,985,518
31	Federal and foreign income taxes incurred	XXX	1,489,717	270,307	2,035,542
	Net income (loss) (Lines 30 minus 31)	XXX	2,092,648	(27,721)	6,949,976
32.		***	2,032,040	(21,121)	0,949,970
0601.	DETAILS OF WRITE-INS Quality Assurance Assessment Program	XXX	(14 166 676)	(12, 159, 774)	(26, 466, 900)
0601.	QUALITY ASSULABLE ASSESSMENT FLOGRAM	XXX	(14,100,070)	(12,100,114)	(20,400,300)
0602.		XXX			
0698.	Summary of remaining write-ins for Line 6 from overflow page	XXX	0	0	Λ
0699.	Totals (Lines 0601 through 0603 plus 0698) (Line 6 above)	XXX	(14,166,676)		(26,466,900)
0701.		XXX	(14,100,070)	(12,139,114)	(20,700,300)
0701.		XXX			
0702.		XXX			
0703.		XXX	0	0	Λ
0798.	Totals (Lines 0701 through 0703 plus 0798) (Line 7 above)	XXX	0	 Λ I	 n
1401.	Totals (Lines 0701 tillough 0705 plus 0736) (Line 7 above)	7000	0	U	0
1401.					
1402.					
1403.	Summary of remaining write-ins for Line 14 from overflow page	Λ	0	0	Λ
1490.	Totals (Lines 1401 through 1403 plus 1498) (Line 14 above)	0	0	0	0
2901.	Totals (Lines 1401 tillough 1403 plus 1436) (Line 14 above)	0	0	0	0
2901.					
2902.					
2903. 2998.	Summary of remaining write-ins for Line 29 from overflow page	Λ	0	0	Λ
		0	0	0	0
2999.	Totals (Lines 2901 through 2903 plus 2998) (Line 29 above)	U	U	U	0

**STATEMENT OF REVENUE AND EXPENSES (Continued)** 

	STATEMENT OF REVENUE AND	1 Current Year to Date	2 Prior Year to Date	3 Prior Year
	CAPITAL AND SURPLUS ACCOUNT:			
33.	Capital and surplus prior reporting year	41,978,226	35,375,558	35,375,558
34.	Net income or (loss) from Line 32	2,092,648	(27,721)	6,949,976
35.	Change in valuation basis of aggregate policy and claim reserves		0	0
36.	Change in net unrealized capital gains (losses) less capital gains tax of \$		0	0
37.	Change in net unrealized foreign exchange capital gain or (loss)		0	0
38.	Change in net deferred income tax		0	43,960
39.	Change in nonadmitted assets	1,564,980	504,150	1,336,400
40.	Change in unauthorized reinsurance	0	0	0
41.	Change in treasury stock		0	0
42.	Change in surplus notes	0	0	0
43.	Cumulative effect of changes in accounting principles		0	(1,727,668)
44.	Capital Changes:			
	44.1 Paid in		0	0
	44.2 Transferred from surplus (Stock Dividend)		0	0
	44.3 Transferred to surplus		0	0
45.	Surplus adjustments:			
	45.1 Paid in		0	0
	45.2 Transferred to capital (Stock Dividend)	0	0	0
	45.3 Transferred from capital		0	0
46.	Dividends to stockholders		0	0
47.	Aggregate write-ins for gains or (losses) in surplus	(11,417)	0	0
48.	Net change in capital & surplus (Lines 34 to 47)	3,646,211	476 , 429	6,602,668
49.	Capital and surplus end of reporting period (Line 33 plus 48)	45,624,437	35,851,987	41,978,226
	DETAILS OF WRITE-INS			
4701.	Change in Tax Provision from prior period	(11,417)	0	0
4702.				
4703.				
4798.	Summary of remaining write-ins for Line 47 from overflow page	0	0	0
4799.	Totals (Lines 4701 through 4703 plus 4798) (Line 47 above)	(11,417)	0	0

# **CASH FLOW**

	OAOII I LOW	1	2
		Current Year	Prior Year Ended
		To Date	December 31
	Cash from Operations		
1.	Premiums collected net of reinsurance.	244 .870 .276	412,755,295
	Net investment income		3,268,317
	Miscellaneous income		(
	Total (Lines 1 to 3)		416,023,612
	Benefits and loss related payments	, ,	355,190,655
	Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts.	, ,	(
	Commissions, expenses paid and aggregate write-ins for deductions		44 . 153 . 112
	Dividends paid to policyholders		(
	Federal and foreign income taxes paid (recovered) net of \$tax on capital gains (losses)	2,129,161	1,455,382
	Total (Lines 5 through 9)		400,799,149
	Net cash from operations (Line 4 minus Line 10)		15,224,463
	Cash from Investments		10,224,400
12	Proceeds from investments sold, matured or repaid:		
12.	12.1 Bonds	8 265 250	555,652
	12.2 Stocks		
	12.3 Mortgage loans		(
	12.4 Real estate		
	12.5 Other invested assets		(
	12.6 Net gains or (losses) on cash, cash equivalents and short-term investments		
	12.7 Miscellaneous proceeds		
	12.8 Total investment proceeds (Lines 12.1 to 12.7)		555 65
13	Cost of investments acquired (long-term only):	0,200,200	
10.	13.1 Bonds	2 1// 888	13 670 016
	13.2 Stocks		45,079,910
	13.3 Mortgage loans	_	,
	13.4 Real estate		
	13.5 Other invested assets		
	13.6 Miscellaneous applications		
	13.7 Total investments acquired (Lines 13.1 to 13.6)	·····	43,679,916
11			43,073,310
	Net increase (or decrease) in contract loans and premium notes		(43,124,264
15.	Net cash from investments (Line 12.8 minus Line 13.7 and Line 14)	0,120,302	(43,124,204
16	Cash from Financing and Miscellaneous Sources		
10.	Cash provided (applied):	0	(
	16.1 Surplus notes, capital notes		
	16.2 Capital and paid in surplus, less treasury stock.		(
	16.3 Borrowed funds		
	16.5 Dividends to stockholders		
		(057.040)	(2,984,145
17	16.6 Other cash provided (applied)		
17.	Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6)	(207,013)	(2,904,140
4.0	RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS	40,050,400	/20, 000, 04/
	Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17)	16,652,138	(30,883,946
19.	Cash, cash equivalents and short-term investments:	26 270 000	67 050 77
	19.1 Beginning of year.		
	19.2 End of period (Line 18 plus Line 19.1)	53,024,964	36,372,826

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION										
	1	Comprel (Hospital &	hensive k Medical)	4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	160,502	0	0	0	0	0	0	0	160,502	0
2 First Quarter	165,094	0	0	0	0	0	0	0	165,094	
3 Second Quarter	168,394							164	168,230	
4. Third Quarter	0									
5. Current Year	0									
6 Current Year Member Months	992,306							513	991,793	
Total Member Ambulatory Encounters for Period:										
7. Physician	486 , 557							248	486,309	
8. Non-Physician	307 , 531							118	307 , 413	
9. Total	794,088	0	0	0	0	0	0	366	793,722	
10. Hospital Patient Days Incurred	39,703							38	39,665	
11. Number of Inpatient Admissions	9,125							12	9,113	
12. Health Premiums Written	258,012,138							436,212	257 , 575 , 926	
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	258,012,138							436,212	257 , 575 , 926	
16. Property/Casualty Premiums Earned	0									
Amount Paid for Provision of Health Care Services	214,129,003							58,926	214,070,077	
18. Amount Incurred for Provision of Health Care Services	217,529,879							154,580	217,375,298	

# CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

Aging Analysis of Unpaid Claims								
1	2	3	4	5	6	7		
Account	1 - 30 Days	31 - 60 Days	61 - 90 Days	91 - 120 Days	Over 120 Days	Total		
Claims Unpaid (Reported) Detroit Medical Center Facilities								
Detroit Medical Center Facilities	709,829	(22,806)	(8,546)	(23,624)	(12,252)	642,601		
Oakwood Health System	204,824	52,891	31,006	16,277	28,191	333, 189		
0199999 Individually Listed Claims Unpaid	914,653	30,085	22,460	(7,347)	15,939	975,790		
0299999 Aggregate Accounts Not Individually Listed-Uncovered						0		
0399999 Aggregate Accounts Not Individually Listed-Covered	1,402,789	23,194	9,346	1,539	(6,473)	1,430,394		
0499999 Subtotals	2,317,442	53,279	31,806	(5,808)	9,466	2,406,184		
0599999 Unreported Claims and Other Claim Reserves	XXX	XXX	XXX	XXX	XXX	39,667,093		
0699999 Total Amounts Withheld	XXX	XXX	XXX	XXX	XXX			
0799999 Total Claims Unpaid	XXX	XXX	XXX	XXX	XXX	42,073,277		
0899999 Accrued Medical Incentive Pool and Bonus Amounts	XXX	XXX	XXX	XXX	XXX	, ,		

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#### STATEMENT AS OF JUNE 30, 2008 OF THE Great Lakes Health Plan, Inc.

# **UNDERWRITING AND INVESTMENT EXHIBIT**

ANALYSIS OF CLAIMS UNPAID - PRIOR YEAR - NET OF REINSURANCE

ANALYSIS OF CLAIMS UNPAID - PRIOR YEAR - NET OF REINSURANCE  Claims Liability											
	Paid Yea		End of Curr		5	6					
	On On	2	3 On	4	Oleimala	Estimated Claim Reserve and Claim					
	Claims Incurred Prior	On	Claims Unpaid	On	Claims Incurred	Liability					
	to January 1 of	Claims Incurred	Dec. 31	Claims Incurred	in Prior Years	Dec. 31 of					
Line of Business	Current Year	During the Year	of Prior Year	During the Year	(Columns 1 + 3)	Prior Year					
Comprehensive (hospital & medical)					0	0					
Medicare Supplement					0	0					
3. Dental Only					0	0					
4. Vision Only					0	0					
Federal Employees Health Benefits Plan					0	0					
6. Title XVIII - Medicare	0	154,580		58,926	0	0					
7. Title XIX - Medicaid	26,080,712	187 , 449 , 938	609,912	41 , 404 , 439	26,690,624	38,672,401					
8. Other Health					0	0					
9. Health Subtotal (Lines 1 to 8)	26,080,712	187,604,518	609,912	41,463,365	26,690,624	38,672,401					
10. Healthcare receivables (a)					0	0					
11. Other non-health					0	0					
12. Medical incentive pools and bonus amounts					0	0					
13. Totals	26,080,712	187,604,518	609,912	41,463,365	26,690,624	38,672,401					

### **NOTES TO FINANCIAL STATEMENTS**

- (1) **Significant Accounting Policies** No change.
- (2) Accounting Changes and Corrections of Errors
  - In 2008, the Company recorded a prior period adjustment of \$11,417 representing a tax provision adjustment that was made after the December 31, 2007 annual statement was filed. The change was reported in the 2007 audited financial statements.
- (3) **Business Combinations and Goodwill--** No change.
- (4) **Discontinued Operations--** No change.
- (5) **Investments--** No change.
- (6) **Joint Ventures, Partnerships and Limited Liability Companies--** No change.
- (7) **Investment Income**-- No Change.
- (8) **Derivative Investments--** No change.
- (9) **Income Taxes--** No change.
- (10) Information Concerning Parent, Subsidiaries and Affiliates -- No change.
- (11) **Debt--** No change.
- (12) Retirement Plans, Deferred Compensation, Post-employment Benefits and Compensated Absences and Other Postretirement Benefit Plans-- No change.
- (13) Capital and Surplus, Shareholders' Dividend Restrictions and Quasi-Reorganizations
  The Company adjusted the contributed capital balance to \$22,003,392 with an offsetting adjustment to unassigned funds to be consistent with the 2007 audited financial statements. The reclassification did not affect total capital and surplus.
- (14) **Contingencies No change.**
- (15) Leases No change.
- (16) Information About Financial Instruments With Off-Balance Sheet Risk and Financial Instruments With Concentrations of Credit Risk No change.
- (17) Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities No change.
- (18) Gain or Loss to the Reporting Entity from Uninsured A&H Plans and the Uninsured Portion of Partially Insured Plans No change.
- (19) Direct Premium Written/Produced by Managing General Agents/Third Party Administrators- No change.
- (20) **September 11 Events-** Not Applicable
- (21) Other Items No change.
- (22) Events Subsequent No change.
- (23) **Reinsurance** No change.
- (24) Retrospectively Rated Contracts & Contracts Subject to Redetermination No change.
- (25) Change in Incurred Claims and Claim Adjustment Expense- No change.
- (26) **Inter-company Pooling Arrangements-** No change.
- (27) Structured Settlements- No change.
- (28) **Health Care Receivables-** No change.
- (29) Participating Policies- No change.
- (30) **Premium Deficiency Reserves** No change.
- (31) Anticipated Salvage and Subrogation- No change.

### **GENERAL INTERROGATORIES**

(Responses to these interrogatories should be based on changes that have occurred since the prior year end unless otherwise noted.)

# PART 1 - COMMON INTERROGATORIES GENERAL

1.1	Did the reporting entity Domicile, as required	y experience any mate by the Model Act?	erial transactions requiring the filing o	of Disclosure of Mate	rial Transactions	with the Sta	te of	Yes	s [ ]	No [X]
1.2			niciliary state?						s [ ]	No [ ]
2.1	reporting entity?		of this statement in the charter, by-		•			Yes	3 [ ]	No [X]
2.2	_									
	If not previously filed, t	furnish herewith a cert	ified copy of the instrument as amer	nded.						
3.	Have there been any s	substantial changes in	the organizational chart since the p	rior quarter end?				Yes	s [X]	No [ ]
	If yes, complete the So	chedule Y - Part 1 - or	ganizational chart.							
4.1	Has the reporting entit	y been a party to a mo	erger or consolidation during the per	iod covered by this s	tatement?			Yes	3 [ ]	No [X]
4.2	If yes, provide the nam ceased to exist as a re		npany Code, and state of domicile (uconsolidation.	ise two letter state a	obreviation) for a	ny entity that	has			
			1		2	3				
			Name of Entity		Company Code					
<ul><li>6.1</li><li>6.2</li><li>6.3</li><li>6.4</li><li>6.5</li></ul>	State the as of date the date should be the date.  State as of what date in the reporting entity. The date.  By what department of State of Michigan Of the date all financial state statement filed with Decay.	at the latest financial exa at the latest financial of the of the examined bal the latest financial exa his is the release date or departments? If ice of Financial a ement adjustments with	amination of the reporting entity was examination report became available ance sheet and not the date the report became available to or completion date of the examination and Insurance Services	e from either the stat ort was completed o o other states or the pon report and not the	e of domicile or t r released	the state of nination (bala	entity. This domicile or nce sheet		12/ 06/ p [ ]	31/2004 31/2004 07/2006
6.6			latest financial examination report b	·				Yes [X] No	)[]	NA [ ]
7.1			s of Authority, licenses or registration g the reporting period?					Yes	3 [ ]	No [X]
7.2	If yes, give full informa	ation:								
8.1	Is the company a subs	sidiary of a bank holdir	ng company regulated by the Federa	l Reserve Board?				Yes	s [ ]	No [X]
8.2	If response to 8.1 is ye	es, please identify the	name of the bank holding company.							
8.3 8.4								Yes	; [X]	No [ ]
		1	2		3	4	5	6		7
	V tein	iate Name	Location (City State		FRB	000		EDIC		SEC
		iate name	(City, Stat		FKB	occ	OTS	FDIC Yes		) <u>-</u> U
	1 .		, ,					1	1	

### **GENERAL INTERROGATORIES**

9.1	similar functions) of the reporting entity subject to a code of ethics, which includes the following standards?	Yes [X] No [ ]
	(a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;	
	(b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;	
	(c) Compliance with applicable governmental laws, rules and regulations;	
	(d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and	
	(e) Accountability for adherence to the code.	
9.11	If the response to 9.1 is No, please explain:	
9.2	Has the code of ethics for senior managers been amended?	Yes [ ] No [X]
9.21	If the response to 9.2 is Yes, provide information related to amendment(s).	
9.3	Have any provisions of the code of ethics been waived for any of the specified officers?	Yes [ ] No [X]
9.31	If the response to 9.3 is Yes, provide the nature of any waiver(s).	
	FINANCIAL	
10.1	Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement?	Yes [ ] No [X]
10.2	If yes, indicate any amounts receivable from parent included in the Page 2 amount:\$	
	INVESTMENT	
11.1	Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.)	Yes [ ] No [X]
11.2	If yes, give full and complete information relating thereto:	
12.	Amount of real estate and mortgages held in other invested assets in Schedule BA:\$\$	
13.	Amount of real estate and mortgages held in short-term investments:\$	
14.1	Does the reporting entity have any investments in parent, subsidiaries and affiliates?	Yes [ ] No [X]
14.2	If yes, please complete the following:	
	1 2 Prior Year-End Current Quarter Book/Adjusted Book/Adjusted Carrying Value Carrying Value	
	14.21 Bonds       \$         14.22 Preferred Stock       \$	
	14.23 Common Stock       \$         14.24 Short-Term Investments       \$	
	14.25 Mortgage Loans on Real Estate \$	
	14.26 All Other \$	
	Lines 14.21 to 14.26)	
15.1	Has the reporting entity entered into any hedging transactions reported on Schedule DB?	Yes [ ] No [X]
	If yes, has a comprehensive description of the hedging program been made available to the domiciliary state?	Yes [ ] No [ ]
10.2	If no, attach a description with this statement.	100 [ ] 110 [ ]

# **GENERAL INTERROGATORIES**

16.	Excluding items in Schedule E, real estate, mortg deposit boxes, were all stocks, bonds and other squalified bank or trust company in accordance win NAIC Financial Condition Examiners Handbook?	ecurities, owned throughout th Section 3, III Conducting E	the current year helexaminations, G - Co	d pursuant to a custodial agreement with a ustodial or Safekeeping Agreements of the	Yes [X] No [ ]	
16.1	For all agreements that comply with the requirem	ents of the NAIC Financial C	ondition Examiners	Handbook, complete the following:		
		1 Custodian(s)				
16.2	For all agreements that do not comply with the relocation and a complete explanation:	quirements of the NAIC Fina	ncial Condition Exa	miners Handbook, provide the name,		
	1 Name(s)	2 Location	n(s)	3 Complete Explanation(s)		
16.3	Have there been any changes, including name ch	nanges in the custodian(s) id	entified in 16.1 durin	g the current quarter?	Yes [ ] No [X]	
16.4	If yes, give full and complete information relating	thereto:				
	1 Old Custodian	2 New Custodian	3 Date of Change	4 Reason		
16.5	Identify all investment advisors, brokers/dealers caccounts, handle securities and have authority to					
	1 Central Registration		2 lame(s)	3 Address		
	106595		anagement Company	75. State Street, Boston MA 02109		
17.1	Have all the filing requirements of the <i>Purposes</i> a	and Procedures Manual of th	e NAIC Securities V	aluation Office been followed?	Yes [X] No [	]

17.2 If no, list exceptions:

# **SCHEDULE S - CEDED REINSURANCE**

Showing All New Reinsurance Treaties - Current Year to Date

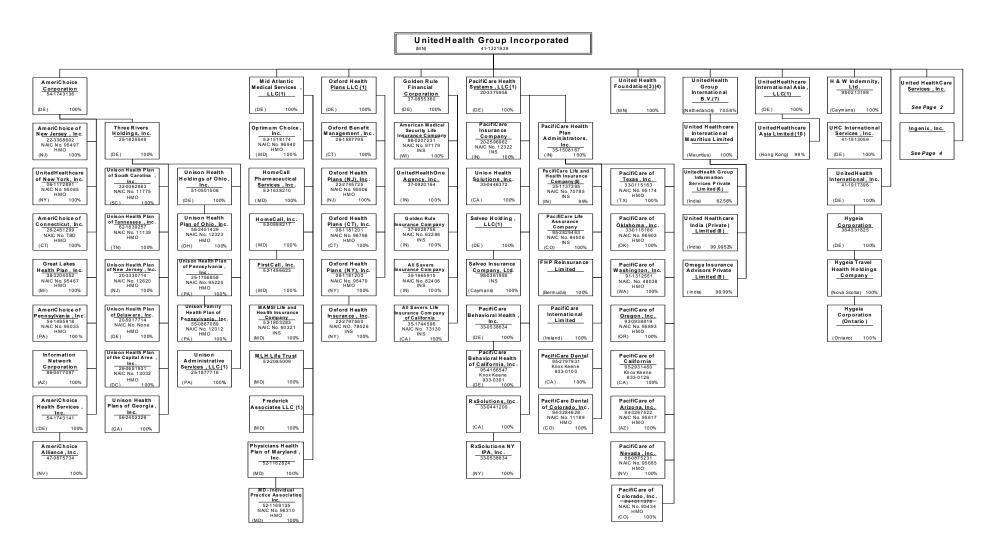
1	2	3	4	5	6	7
NAIC	Federal		Ţ	]		Is Insurer
Carananii	ID	Effective.	Name of		Turns of	A the arian d 2
Company	, ib	Effective	Name of		Type of	Authorized?
Code	Number	Date	Reinsurer	Location	Reinsurance Ceded	(Yes or No)
			ACCIDENT AND HEALTH AFFILIATES ACCIDENT AND HEALTH NON-AFFILIATES			
			ACCIDENT AND HEALTH NON-AFFILIATES			
			LIFE AND ANNUITY AFFILIATES LIFE AND ANNUITY NON-AFFILIATES			
		1	LIFE AND ANNUITY NON-AFFILIATES			
			PROPERTY/CASUALTY AFFILIATES			
		-	PROPERTY/CASUALTY NON-AFFILIATES			
			PROPERIT/CASUALIT NON-AFFILIATES			
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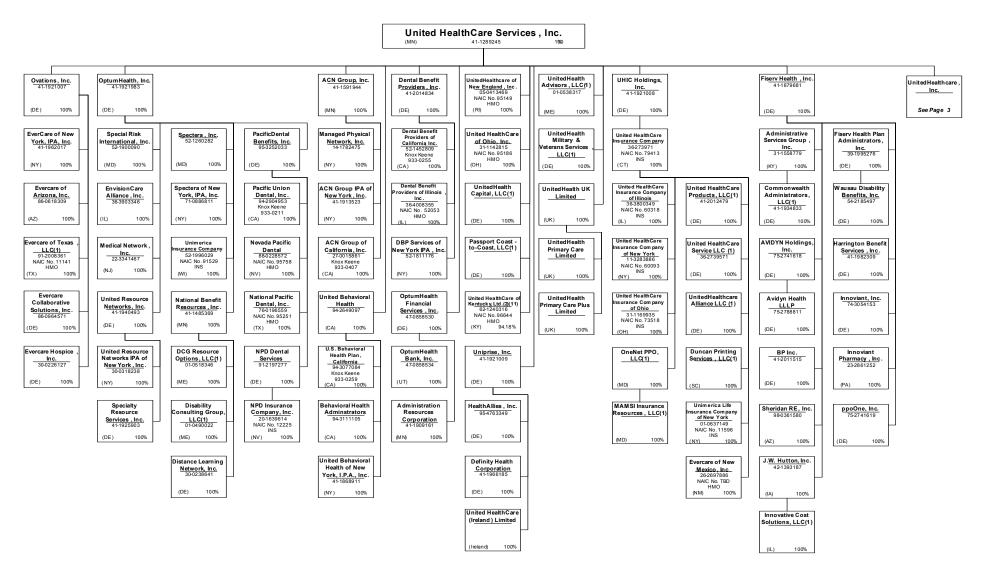
# **SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS**

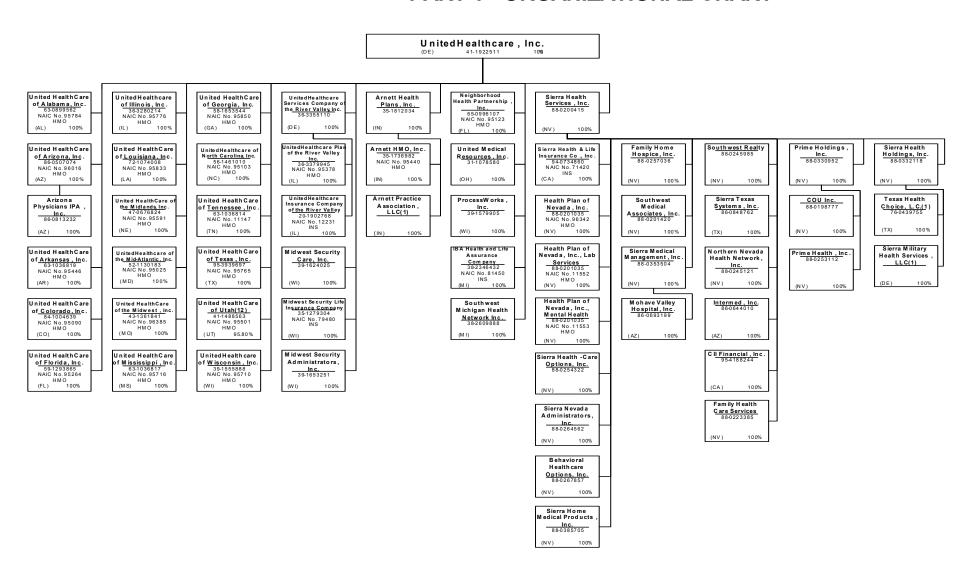
Current Year to Date - Allocated by States and Territories

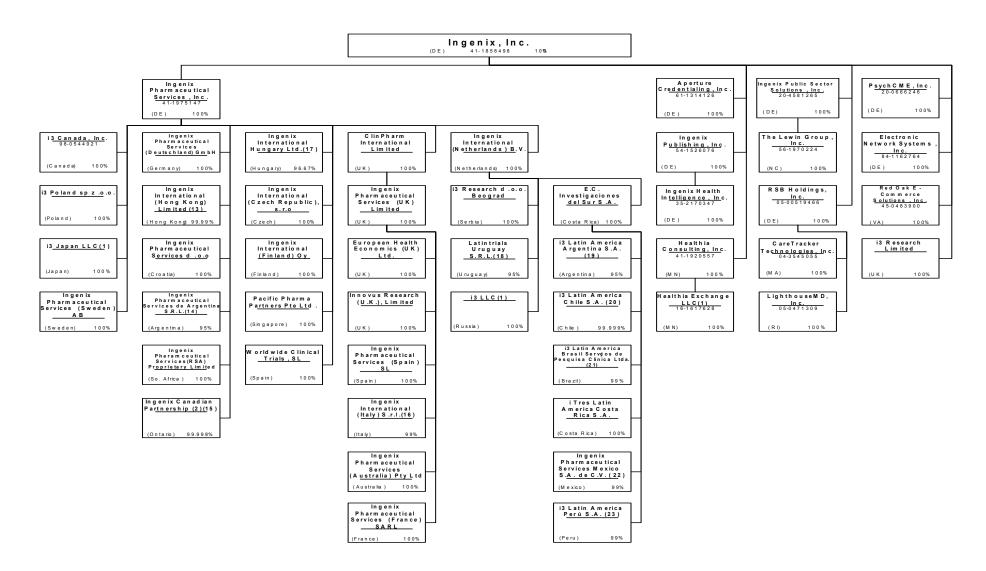
		1	Current Year to Date - Allocated by States and Territories  Direct Business Only							
		1	2	3	4	5	6	7	8	9
			Accident &			Federal Employees Health Benefit	Life & Annuity Premiums &	Property/	Total	B
	States, Etc.	Active Status	Health Premiums	Medicare Title XVIII	Medicaid Title XIX	Program Premiums	Other Considerations	Casualty Premiums	Columns 2 Through 7	Deposit-Type Contracts
1.	AlabamaAL	N							0	
2.	Alaska AK	N.							0	
3.	ArizonaAZ	N							0	
	ArkansasAR	N.							0	
	CaliforniaCA	N							0	
	Colorado	NNN.							 n	
	DelawareDE	NN.							0	
	District of Columbia	N.							0	
	FloridaFL	N							0	
	Georgia GA	N							0	
12.	HawaiiHI	N							0	
13.	IdahoID	N.							0	
	IllinoisIL	N.							0	
	IndianaIN IowaIA	NNNNNN								
	Kansas KS	NNN.							n	
	Kentucky KY	N.							0	
	LouisianaLA	N.							0	
20.	Maine ME	N							0	
21.	Maryland MD								0	
	Massachusetts MA	N.				ļ	<u> </u>	ļ	0	ļ
	MichiganMI	L		436,212	257 , 575 , 926				258,012,138	
	Minnesota MN	NNNNNN							0	
	Mississippi MS Missouri MO								 0	
	Montana MT	NN.							0	
	Nebraska	N							0	
	NevadaNV	N.							0	
	New HampshireNH	N							0	
	New JerseyNJ	N							0	
32.	New MexicoNM	N	 						0	
	New YorkNY	N							0	
	North CarolinaNC	N							0	
	North DakotaND	N.							0	
	OhioOH Oklahoma OK	NNN.								
	Oklahoma OK Oregon OR	NN.							0	
	PennsylvaniaPA	N							0	
	Rhode IslandRI	N.							0	
	South Carolina SC	N							0	
42.	South Dakota SD	N.							0	
43.	TennesseeTN	N							0	
	TexasTX	N							0	
	UtahUT	N							0	
	Vermont VT	NN.					<b></b>	<b></b>	0	
	VirginiaVA WashingtonWA	NN.		1	1			l	U	<b> </b>
	West VirginiaWV							L	n	
	WisconsinWI	N.							0	
	WyomingWY								0	
	American Samoa AS	N							0	
53.	Guam GU	N							0	
	Puerto RicoPR	N							0	
	U.S. Virgin IslandsVI	N							0	
	Northern Mariana IslandsMP	NN.						<b></b>	0	
	Canada	NXXX	0	0	0	0	0	0	0	^
	Aggregate Other AlienOT Subtotal	XXX	0		257,575,926	0	0	0	258,012,138	n
	Reporting entity contributions for	۸۸۸	J		201,010,920	J	J	J	200,012,130	u
55.	Employee Benefit Plans	XXX							0	
61.	Total (Direct Business)	(a) 1	0	436,212	257,575,926	0	0	0	258,012,138	0
	DETAILS OF WRITE-INS								<u> </u>	
5801.		XXX								
5802.		XXX	<u> </u>							
		XXX								
	Summary of remaining write-ins for Line 58 from overflow page	XXX	0	0	0	0	0	0	0	0
5899.	Totals (Lines 5801 through 5803 plus 5898) (Line 58 above)	XXX	0	0	0	0	0	0	0	0

<sup>(</sup>a) Insert the number of L responses except for Canada and other Alien.









#### N o te s

All legal entities on the Organization Chart are Corporations unless otherwise indicated.

- (1) Entity is a Limited Liability Company
- (2) Entity is a Partnership
- (3) Entity is a Non-Profit Corporation
- (4) Control of the Foundation is based on sole membership, not the ownership of voting securities
- (5) PacifiC are Life and Health Insurance Company is 99% owned by PacifiC are Health Plan Administrators, Inc. and 1% owned by PacifiC are Health Systems, LLC
- (6) UnitedHealth Group Information Services Private Limited is 62.56% owned by United Healthcare International Mauritius Limited and 36.81% owned by UnitedHealth Group International B.V.. The remaining 0.63% is owned by UnitedHealth International, Inc.
- (7) UnitedHealth Group International B.V. is 70.56% owned by UnitedHealth Group Incorporated and 29.44% owned by United HealthCare Services, Inc.
- (8) United Healthcare India (Private) Limited is 99.9952% owned by United Healthcare International Mauritius Limited and 0.0048% owned by UnitedHealth International, Inc.
- (9) Omega Insurance Advisors Private Limited is 99.99% owned by United Healthcare India (Private) Limited and 0.01% owned by an individual shareholder
- (10) UnitedHealthcare Asia Limited is 99 % owned by UnitedHealthcare International Asia, LLC and 1 % owned by UnitedHealth International, Inc.
- (11) General partnership interests are held by United HealthCare Services, Inc. (89.77 %) and by UnitedHealthCare, Inc. (10.23 %). United HealthCare Services, Inc. also holds 100 % of the limited partnership interests. When combining general and limited partner interests, United HealthCare Services, Inc. owns 94.18% and UnitedHealthCare, Inc. owns 5.83%
- (12) United HealthCare of Utah is 95.80% owned by UnitedHealthcare, Inc. and 4.20% owned by 34 physicians / physician groups
- (13) Ingenix International (Hong Kong) Limited is 99.99% owned by Ingenix Pharmaceutical Services, Inc. and 0.01% owned by Ingenix, Inc.
- (14) Ingenix Pharm aceutical Services de Argentina S.R.L is 95 % owned by Ingenix Pharm aceutical Services, Inc. and 5 % owned by Ingenix, Inc.
- (15) Ingenix Canada Partnership is 99.998% owned by Ingenix Pharmaceutical Services, Inc. and 0.002% owned by Ingenix, Inc.
- (16) Ingenix International (Italy) S.r.I. is 99 % owned by Ingenix Pharmaceutical Services (UK) Limited and 1% owned by ClinPharm International Limited
- (17) Ingenix International Hungary Ltd.is 96.67% owned by Ingenix Pharmaceutical Services, Inc. and 3.33% owned by Ingenix, Inc.
- (18) Latintrials Uruguay S.R.L. is 95% owned by Ingenix International (Netherlands) BV and 5% owned by Ingenix Pharmaceutical Services, Inc.
- (19) i3 Latin America Argentina S.A. is 95 % owned by E.C. Investigaciones del Sur S.A. and 5 % owned by i Tres Latin America Costa Rica SA.
- (20) i3 Latin America Chile S.A. is 99.999% owned by E.C. Investigaciones del Sur S.A. and 0.001% owned by i Tres Latin America Costa Rica S.A.

- (21) i3 Latin America Brasil Serviços de Pesquisa Clínica Ltda. Is 99% owned by E.C. Investigaciones del Sur S.A. and 1% owned by i Tres Latin America Costa Rica SA
- (22) Ingenix Pharmaceutical Services Mexico S.A. de C.V. is 99% owned by E.C. Investigaciones del Sur S.A. and 1% owned by i3 Latin America Argentina S.A.
- (23) i3 Latin America Perú S.A. is 99 % owned by E.C. Investigaciones del Sur S.A. and 1 % owned by i3 Latin America Argentina S.A.

### SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of **NO** to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplemental is required of your company but is not being filed for whatever reason enter **SEE EXPLANATION** and provide an explanation following the interrogatory questions.

		RESPUNSE
1.	Will the Medicare Part D Coverage Statement be filed with the state of domicile and the NAIC with this statement?	YES
Expla	nation:	
Bar C	ode:	

# **OVERFLOW PAGE FOR WRITE-INS**

# **SCHEDULE A - VERIFICATION**

	Real Estate		
		1	2
			Prior Year Ended
		Year to Date	December 31
1.	Book/adjusted carrying value, December 31 of prior year	0	0
	Cost of acquired:		
	2.1 Actual cost at time of acquisitions.		
	2.2 Additional investment made after acquisitions		
3.	Current year change in encumbrances		
	Total gain (loss) on disposals		
	Deduct amounts received on disposals		0
6.	Total foreign exchange change in book/adjusted carrying value		0
7.	Deduct current year's other than temporary impairment recognized		
8.	Deduct current year's depreciation		
9.	Book/adjusted carrying value at the end of current period (Lines 1+2+3+4-5+6-7-8)	0	0
10.	Deduct total nonadmitted amount.		0
11.	Statement value at end of current period (Line 9 minus Line 10)	0	0

### **SCHEDULE B – VERIFICATION**

Mortgage Loans		
	1 Year to Date	2 Prior Year Ended December 31
Book value/recorded investment excluding accrued interest receiber 31 of por a transcription.      Cost of acquired:     2.1 Actual cost at time of acquisitions	0	0 0 0
3. Capitalized deferred interest and other.  4. Accrual of discount.  5. Unrealized valuation increase (decrease).		
6. Total gain (loss) on disposals.		0
7. Deduct amounts received on disposals  8. Deduct amortization of premium and mortgage interest points and commitment fees  9. Total foreign exchange change in book value/recorded investment excluding accrued interest  10. Deduct current year's other than temporary impairment recognized		0
Book value/recorded investment excluding accrued interest at end of current period (Lines 1+2+3+4+5+6-7-8+9-10).      Deduct total nonadmitted accounts.		0
13. Statement value at end of current period (Line 11 minus Line 12)	0	0

### **SCHEDULE BA – VERIFICATION**

Other Long Term invested Assets							
	1	2					
		Prior Year Ended					
	Year to Date	December 31					
1. Book/adjusted carrying value, December 31 of prior year	0	0					
Cost of acquired:     2.1 Actual cost at time of acquisitions		0					
2.2 Additional investment made after acquisitions		0					
Capitalized deferred interest and other							
4. Accrual of discount		0					
Unrealized valuation increase (decrease)							
Total gain (loss) on disposals		0					
7. Deduct amounts received on disposals		0					
Deduct amortization of premium and depreciation		0					
Total foreign exchange change in book/adjusted carrying value		L0 I					
Deduct current year's other than temporary impairment recognized							
Deduct current year's other than temporary impairment recognized     Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5+6-7-8+9-10)	0	0					
12. Deduct total nonadmitted amounts		0					
13. Statement value at end of current period (Line 11 minus Line 12)	0	0					

# **SCHEDULE D - VERIFICATION**

Bonds and Stocks							
	1 Year to Date	2 Prior Year Ended December 31					
Book/adjusted carrying value of bonds and stocks, December 31 of prior year	44.031.294	1,021,327					
Cost of bonds and stocks acquired	2,045,525	43,679,916					
3. Accrual of discount	16,470	9,208					
Unrealized valuation increase (decrease)	0	0					
5. Total gain (loss) on disposals	128,465	0					
Deduct consideration for bonds and stocks disposed of	8,265,250	555,652					
7 Deduct amortization of premium	116,435	123,505					
Total foreign exchange change in book/adjusted carrying value	0	0					
Deduct current year's other than temporary impairment recognized	29,102	0					
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9)	37 ,810 ,967	44,031,294					
11. Deduct total nonadmitted amounts	0	0					
12. Statement value at end of current period (Line 10 minus Line 11)	37,810,967	44,031,294					

### **SCHEDULE D - PART 1B**

Showing the Acquisitions, Dispositions and Non-Trading Activity
During the Current Quarter for all Bonds and Preferred Stock by Rating Class

	1 Book/Adjusted Carrying Value Beginning of Current Quarter	2 Acquisitions During Current Quarter	3 Dispositions During Current Quarter	4  Non-Trading  Activity  During  Current Quarter	5 Book/Adjusted Carrying Value End of First Quarter	6 Book/Adjusted Carrying Value End of Second Quarter	7 Book/Adjusted Carrying Value End of Third Quarter	8 Book/Adjusted Carrying Value December 31 Prior Year
BONDS								
1. Class 1 (a)	90,885,204	127,465,379	123,947,447	(150,300)	90,885,204	94,252,836	0	82,827,805
2. Class 2 (a)	1,850,290	0	0	103,356	1,850,290	1,953,646	0	1,852,614
3. Class 3 (a)	0	0	0	0	0	0	0	0
4. Class 4 (a)	0	0	0	0	0	0	0	0
5. Class 5 (a)	0	0	0	0	0	0	0	0
6. Class 6 (a)	0	0	0	0	0	0	0	0
7. Total Bonds	92,735,494	127,465,379	123,947,447	(46,944)	92,735,494	96,206,482	0	84,680,419
PREFERRED STOCK								
8. Class 1	0	0	0	0	0	0	0	0
9. Class 2	0	0	0	0	0	0	0	0
10. Class 3	0	0	0	0	0	0	0	0
11. Class 4	0	0	0	0	0	0	0	0
12. Class 5	0	0	0	0	0	0	0	0
13. Class 6	0	0	0	0	0	0	0	0
14. Total Preferred Stock	0	0	0	0	0	0	0	0
15. Total Bonds and Preferred Stock	92,735,494	127,465,379	123,947,447	(46,944)	92,735,494	96,206,482	0	84,680,419

# **SCHEDULE DA - PART 1**

Short-Term Investments Owned End of Current Quarter

	1	2	3	4	5			
					Paid for Accrued			
	Book/Adjusted			Interest Collected	Interest			
	Carrying Value	Par Value	Actual Cost	Year To Date	Year To Date			
8299999 Totals	58,395,515	XXX	58,395,515	216,441	0			

# **SCHEDULE DA - VERIFICATION**

Short-Term Investments

Snort-Term investments							
	1	2 Prior Year Ended					
	Year To Date	December 31					
Book/adjusted carrying value, December 31 of prior year		71,713,280					
Cost of short-term investments acquired							
3. Accrual of discount							
Unrealized valuation increase (decrease)	0	0					
5. Total gain (loss) on disposals	0	0					
Deduct consideration received on disposals	253,523,734	512,340,519					
7. Deduct amortization of premium	0	0					
Total foreign exchange change in book/adjusted carrying value	0	0					
Deduct current year's other than temporary impairment recognized	0	0					
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9)	58,395,516	40,649,125					
11. Deduct total nonadmitted amounts	0	0					
12. Statement value at end of current period (Line 10 minus Line 11)	58,395,516	40,649,125					

# Schedule DB - Part F - Section 1 NONE

Schedule DB - Part F - Section 2

NONE

# **SCHEDULE E-VERIFICATION**

(Cash Equivalents)

	1	2
	Year To Date	Prior Year Ended December 31
Book/adjusted carrying value, December 31 of prior year	0	0
Cost of cash equivalents		97 , 273 , 524
Accrual of discount	0	225,090
Unrealized valuation increase (decrease)	0	0
5. Total gain (loss) on disposals	0	14
Deduct consideration received on disposals	0	97 , 498 , 628
7. Deduct amortization of premium.	0	0
Total foreign exchange change in book/adjusted carrying value	0	0
Deduct current year's other than temporary impairment recognized	0	0
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9)	0	0
11. Deduct total nonadmitted amounts	0	0
12. Statement value at end of current period (Line 10 minus Line 11)	0	0

Schedule A - Part 2

**NONE** 

Schedule A - Part 3

**NONE** 

Schedule B - Part 2

NONE

Schedule B - Part 3

**NONE** 

Schedule BA - Part 2

**NONE** 

Schedule BA - Part 3

**NONE** 

# **SCHEDULE D - PART 3**

Show All Long-Term Bonds and Stock Acquired During the Current Quarter

	Show All Long-Term Bonds and Stock Acquired During the Current Quarter								
1	2	3	4	5	6	7	8	9	10
									NAIC
									Designation or
CUSIP					Number of	Actual		Paid for Accrued	Market
Identification	Description	Foreign	Date Acquired	Name of Vendor	Shares of Stock	Cost	Par Value	Interest and Dividends	Indicator (a)
912828-HX-1	US Treasury Note 2.125% 04/30/10			CitiGroup		620,898	625,000	974	11
0399999 - Total -	- Bonds - U.S. Government					620,898	625,000	974	
246380-T5-8	DE State GO Non Call 5.000% 03/01/12		06/04/2008	Loop Capital Markets		1,076,210	1,000,000	11,944	1FE
3199999 - Total -	- Bonds - Special Revenue					1,076,210	1,000,000	11,944	XXX
884903-BA-2	Thomson Corp Corp Note Cont Call 5.950	F	06/17/2008	Greenwich Cap Mkts.		124,373	125,000	0	1FE
4599999 - Total -	- Bonds - Industrial, Misc.					124,373	125,000	0	XXX
6099997 - Total -	- Bonds - Part 3					1,821,481	1,750,000	12,919	XXX
6099999 - Total -	- Bonds					1,821,481	1,750,000	12,919	
	- Preferred Stocks					0	XXX	0	XXX
7299999 - Total -						0	XXX	0	XXX
7399999 - Total -	- Preferred and Common Stocks					0	XXX	0	XXX
									•
									•
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									<b>}</b>
								ļ	ł
7499999 - Totals						1,821,481	XXX	12,919	XXX
1499999 - 10tals						1,021,401	۸۸۸	12,919	۸۸۸

<sup>(</sup>a) For all common stock bearing the NAIC market indicator "U" provide: the number of such issues

### **SCHEDULE D - PART 4**

Show All Long-Term Bonds and Stock Sold, Redeemed or Otherwise Disposed of by the Company During the Current Quarter Change in Book/Adjusted Carrying Value 20 21 22 5 17 18 11 NAIC Desig-Current Year's Book/ Bond nation Unrealized Total Foreign Prior Year Other Than Adjusted Foreign nterest/Stock or Carrying Value **CUSIP** Number of Book/Adjusted Valuation Current Year's Temporary Total Change in Exchange xchange Gain Realized Gain Total Gain Dividends Market Disposal Shares of Carrying (Amortization) Impairment B./A.C.V. Change in (Loss) on (Loss) on Maturity Indicato Identi-Increase/ (Loss) on Received fication Description Date Name of Purchaser Stock Consideration Par Value Actual Cost Value (Decrease) Accretion Recognized (11 + 12 - 13)B./A.C.V. Disposal Date Disposal Disposal Disposal During Year Date (a) Gwinnett Cnty, Geo Sch .1FE. 03755-VN-8 Dist GO Non Call .06/04/2008... oop Capital Markets. 1.074.240 1.000.000 1.056.500 1,053,099 1.047.76 .26,478 02/01/2012 1,047,762 2499999 - Bonds - Political Subdivisions 1,074,240 1,000,000 1,056,500 1,053,099 (5, 33)26,478 XXX 26.478 42.778 XXX .04/01/2008... ..9.857 ..9.857 ..9.885 ..9.884 ..9,857 10/01/2020 HLMC Pool G11778 MBS 31283K-6P-8 .05/01/2008. aydown. ..7,554 ..7,554 ..7,576 ..7,575 ..7,55 10/01/2020 FHLMC Pool G11778 MBS 31283K-6P-8 .06/01/2008... ..9.396 ..9.396 ..9.423 ..9.422 .(26) ..9.396 .10/01/2020. 5 500% 10/01/20 ..(26 258 Pavdown FHLMC Pool J06631 MBS 3128PJ-LL-9. .04/01/2008. ..4.653 ..4,653 .4.658 ..4,658 ..4,65 .01/01/2023 5.000% 01/01/23 avdown FHLMC Pool J06631 MBS 3128PJ-LL-9. 26,010 .05/01/2008. . 25.984 . 25.984 .26,010 .(26) . 25.984 .01/01/2023. 5 000% 01/01/23 avdown. FHIMC Pool J06631 MBS 3128PJ-LL-9. .06/01/2008 .4.695 ..4.695 4,699 ..4,699 .01/01/2023 5.000% 01/01/23. aydown. FNMA Pool 357122 MBS 31376J-VP-1 ..1,591 ..1,568 ..1,568 .1,593 .05/01/2016 6.000% 05/01/16. .04/01/2008. aydown.. ..1,56 FNMA Pool 357122 MBS 31376J-VP-1 6.000% 05/01/16. .05/01/2008. aydown\_. .1,778 ..1,778 ..1,807 ..1,804 .05/01/2016 FNMA Pool 357122 MBS 31376J-VP-1 6.000% 05/01/16 .06/01/2008. ..2,101 ..2,101 .2,136 ..2,133 .05/01/2016. aydown\_. FNMA Pool 908576 MBS 31411H-MZ-0. 6.000% 01/01/22... .04/01/2008. aydown.. .305 30 .01/01/2022 FNMA Pool 908576 MBS 31411H-MZ-0 6.000% 01/01/22... .05/01/2008. Pavdown .254 .254 .258 .258 .254 .01/01/2022 NMA Pool 908576 MBS 31411H-M7-0 6.000% 01/01/22 06/01/2008 266 26 .01/01/2022 Paydown.. MO St Hsg Dev Comm Sgl 60636X-E2-5 05/01/2008 100.0000 5.000 5.000 5.219 .5.211 .(21 (211 .5.000 03/01/2038 1FE Call Rev Bond Call Sin Sedgwick & Shawnee Cntys 05/01/2008. 15698-RF-1 106.1800. 10 618 10 000 10 618 10 612 10 61 06/01/2039 .1FE. KS Rev Bond Con. 84.464 84.436 XXX Merrill Auto Tr 2007–1 .1FE. 590170-AB-2 A2 ABS 5.430% 0... .04/15/2008... 23,011 .23,011 22,973 22,978 .23.01 417 .01/15/2010 Paydown, Merrill Auto Tr 2007-1 590170-AB-2. .05/15/2008. .1FE. .22,794 .22,79 .01/15/2010 A2 ABS 5.430% O... aydown. .22,794 .22,757 .22,762 Merrill Auto Tr 2007-1 590170-AB-2 A2 ABS 5.430% 0... .06/15/2008. .20.477 .20.477 .20.443 .20.448 .20.477 .01/15/2010. .1FE.. aydown, JSAA Auto Own Tr 2006-3 903279-AC-1. .04/15/2008... 14,697 .14,720 .14,716 .14.697 .06/15/2009. .1FE.. A3 ABS 5.360% aydown, ..14,697 USAA Auto Own Tr 2006-3 A3 ABS 5.360%. .05/15/2008. .13,590 ..13,590 .13,607 ..13,590 .06/15/2009 .1FE. aydown. A3 ABS 5.360%. .06/15/2008. .06/15/2009. .1FE. 108,159 108,200 4599999 - Bonds - Industrial and Miscellaneous 108 200 108 200 108 156 41 2.420 XXX XXX 6099997 - Bonds - Part 4 1,266,468 1,191,610 1,249,121 1,245,694 (5.704)1,239,990 26,478 26,478 47 . 177 XXX XXX 6099999 - Total - Bonds 1.266.468 1.191.610 1.249.121 1.245.694 1.239.990 26.478 26,478 47.177 XXX XXX 6599999 - Total - Preferred Stocks XXX XXX XXX 7299999 - Total - Common Stocks XXX XXX 7399999 - Total - Preferred and Common Stocks XXX XXX XXX 1,266,468 1,249,121 1,245,694 1,239,990 26,478 26,478 XXX

<sup>(</sup>a) For all common stock bearing the NAIC market indicator "U" provide: the number of such issues

Schedule DB - Part A - Section 1

**NONE** 

Schedule DB - Part B - Section 1

**NONE** 

Schedule DB - Part C - Section 1

**NONE** 

Schedule DB - Part D - Section 1

**NONE** 

### ${\bf STATEMENT\ AS\ OF\ JUNE\ 30,\ 2008\ OF\ THE\ Great\ Lakes\ Health\ Plan,\ Inc.}$

# SCHEDULE E - PART 1 - CASH Month End Depository Balances

Amount of Interest   Amount		Mont	th End De	oository Balance	s				
Amount of Interest   Flate   Interest   Flate   Interest   Inter	1 2 3 4				5	Book E	3alance at End of Each		9
Deposition				Interest Received During	Interest Accrued at Current				
Serve One Deposit Surface (1998) 1998 1999 1999 1999 1999 1999 1999	Depository	Code		Quarter		First Month	Second Month	Third Month	*
Compared Deposite in	Bank One. Detroit Michigan.	Couc	intorcot	Quartor	Buto	10,421	10.094	10.604	XXX
Disposition	JP MorganDetroit Michigan					(6,722,411)	(4,579,582)	(5,381,156)	XXX
Toes Institute for a super larges for res  3.00	0199998 Deposits in depositories that do								
07999999 Total Cate on Deposit or rise  XXX	not exceed the allowable limit in any one depository	vvv	vvv						vvv
089899 Folal Get on Deposit  XX	0199999 Totals - Open Depositories		XXX			(6 711 991)	(4 569 488)	(5.370.553)	XXX
0499999 Cash in Company's Office XXXX XXXX XXXX XXXX XXXX XXX	O 100000 Total o Opon Dopositorios	λλλ	AAA			(0,711,551)	(4,000,400)	(0,070,000)	λλλ
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	ווט וופא יוענמו עמטון טווע הטפטטט זיטנמו עמטון מאטן מאטעטען ווע מעטעטען מעטעטען מעטעטען מעטעטען מעטעטען מעטעטע			XXX	ххх	(0,711,991)	(4,009,488)	(0,370,003)	XXX
I UB99999 INTALLASO I XXX I XXX I I I 16 /11 0010	0599999 Total Cash	XXX	XXX	АЛЛ	АЛЛ	(6,711,991)	(4,569,488)	(5,370,553)	XXX

# Schedule E - Part 2 - Cash Equivalents NONE

Medicare Part D Coverage Supplement NONE